



STATE OF IOWA

GOVERNOR
TERRY E. BRANSTAD
LT. GOVERNOR
KIM REYNOLDS

IOWA DEPARTMENT OF COMMERCE
PROFESSIONAL LICENSING & REGULATION
200 E. Grand, Suite 350, Des Moines, IA 50309

Iowa Accountancy Board DUPLICATE CERTIFICATE REQUEST

PART I. LICENSEE INFORMATION

Name _____ Social Security Number _____
First Middle Last

***Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code §252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.*

Have you ever been known by a name(s) other than that shown above (i.e. maiden name)? ____ Yes ____ No

If yes, what name(s) _____

Address: **Residence**

Phone _____ Street _____
City _____ State _____ Zip code _____

Business

Phone _____ Firm Name _____
Street _____
City _____ State _____ Zip code _____

Which address do you prefer for correspondence? _____ Residence _____ Business

E-mail Address: _____

PART II. PAYMENT INFORMATION

- ☐ Check: Made payable to State of Iowa Payment Amount: \$50.00
☐ Credit Card: Mastercard Visa Discover (circle one)

Card Number _____ - _____ - _____ - _____

Name of Cardholder _____ Phone Number (_____) _____ - _____

Card Expiration (Month/Year) ____ / ____ ext _____

Signature of Cardholder _____